

DMR Copy of Record

Permit

Permit #:

IN0062669

Major:

No

Permittee:

AQUABOUNTY FARMS INDIANA LLC

Permittee Address:

11550 E GREGORY RD
ALBANY, IN 47320

Facility:

AQUABOUNTY FARMS INDIANA LLC

Facility Location:

11550 E GREGORY RD
ALBANY, IN 47320

Permitted Feature:

001
External Outfall

Discharge:

001-A
MAIN HATCHERY

Report Dates & Status

Monitoring Period:

From 10/01/19 to 10/31/19

DMR Due Date:

11/28/19

Status:

NetDMR Validated

Considerations for Form Completion

NOTIFY IDEM OF THE USE OF ANY NEW/ CHANGED WATER TREATMENT ADDITIVES/ RATES. INDUSTRIAL MINOR DELAWARE COUNTY.

Principal Executive Officer

First Name:

Peter

Last Name:

Bowyer

Title:

Facility Manager

Telephone:

919-748-9911

No Data Indicator (NODI)

Form NODI: --

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

Comments

Attachments

Name	Type	Size
IN0062669_001A_NCR_2019_10.pdf	pdf	33476
IN0062669_001A_MMR_2019_10.pdf	pdf	48691

Report Last Saved By

AQUABOUNTY FARMS INDIANA LLC

User: L.RUTHERFORD

Name: Lauren Rutherford

E-Mail:	I.rutherford@sesadvantage.com
Date/Time:	2019-11-27 14:43 (Time Zone: -05:00)
<i>Report Last Signed By</i>	
User:	PBOWYER@AQUABOUNTY.COM
Name:	Peter Bowyer
E-Mail:	pbowyer@aquabounty.com
Date/Time:	2019-11-27 14:44 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:IN0062669

Major:No

Permitted Feature:002
External Outfall

Permittee:AQUABOUNTY FARMS INDIANA LLC

Permittee Address:11550 E GREGORY RD
ALBANY, IN 47320

Discharge:002-A
HATCHERY AT BROOKSTOCK BUILDING - NO TREATMENT

Facility:AQUABOUNTY FARMS INDIANA LLC

Facility Location:11550 E GREGORY RD
ALBANY, IN 47320

Report Dates & Status

Monitoring Period:From 10/01/19 to 10/31/19

DMR Due Date:11/28/19

Status:NetDMR Validated

Considerations for Form Completion

NOTIFY IDEM OF THE USE OF ANY NEW/ CHANGED WATER TREATMENT ADDITIVES/ RATES. INDUSTRIAL MINOR DELAWARE COUNTY.

Principal Executive Officer

First Name:Peter

Last Name:Bowyer

Title:Facility Manager

Telephone:919-748-9911

No Data Indicator (NODI)

Form NODI:--

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1	--	Sample														01/30 - Monthly	G3 - GRAB-3
					Permit Req.						>=	6 DLYAVMIN					19 - mg/L			
					Value NODI							C - No Discharge								
00400	pH	1 - Effluent Gross	0	--	Sample														01/30 - Monthly	GR - GRAB
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU			
					Value NODI							C - No Discharge				C - No Discharge				
00530	Solids, total suspended	1 - Effluent Gross	1	--	Sample														02/30 - Twice Per Month	GR - GRAB
					Permit Req.								<=	18 MO AVG	<=	36 DAILY MX	19 - mg/L			
					Value NODI									C - No Discharge		C - No Discharge				
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample														01/30 - Monthly	GR - GRAB
					Permit Req.								<=	1.7 MO AVG	<=	3.8 DAILY MX	19 - mg/L			
					Value NODI									C - No Discharge		C - No Discharge				
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample														02/30 - Twice Per Month	GR - GRAB
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L			
					Value NODI									C - No Discharge		C - No Discharge				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample														02/30 - Twice Per Month	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD										
					Value NODI		C - No Discharge		C - No Discharge											
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	1	--	Sample														01/30 - Monthly	GR - GRAB
					Permit Req.								<=	15 MO AVG	<=	30 DAILY MX	19 - mg/L			
					Value NODI									C - No Discharge		C - No Discharge				
82220	Flow, total	1 - Effluent Gross	0	--	Sample														01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo										
					Value NODI				C - No Discharge											

Submission Note

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Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0062669_002A_MMR_2019_10.pdf	pdf	45850

Report Last Saved By

AQUABOUNTY FARMS INDIANA LLC

User:L.RUTHERFORD

Name:Lauren Rutherford

E-Mail:l.rutherford@sesadvantage.com

Date/Time:2019-11-21 09:34 (Time Zone: -05:00)

Report Last Signed By

PBOWYER@AQUABOUNTY.COM



DMR Copy of Record

Permit

Permit #:

IN0062669

Major:

No

Permittee:

AQUABOUNTY FARMS INDIANA LLC

Permittee Address:

11550 E GREGORY RD
ALBANY, IN 47320

Facility:

AQUABOUNTY FARMS INDIANA LLC

Facility Location:

11550 E GREGORY RD
ALBANY, IN 47320

Permitted Feature:

003
External Outfall

Discharge:

003-A
HATCHERY AT LARGER ELS BUILDING - NO TREATMENT

Report Dates & Status

Monitoring Period:

From 10/01/19 to 10/31/19

DMR Due Date:

11/28/19

Status:

NetDMR Validated

Considerations for Form Completion

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Principal Executive Officer

First Name:

Peter

Last Name:

Bowyer

Title:

Facility Manager

Telephone:

919-748-9911

No Data Indicator (NODI)

Form NODI:

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Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0062669_003A_MMR_2019_10.pdf	pdf	45693

Report Last Saved By

AQUABOUNTY FARMS INDIANA LLC

User:

L.RUTHERFORD

Name:

Lauren Rutherford

E-Mail:

l.rutherford@sesadvantage.com

Date/Time:

2019-11-21 09:33 (Time Zone: -05:00)

Report Last Signed By

User:

PBOWYER@AQUABOUNTY.COM





MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:

Aquabounty Farms Indiana LLC
11550 East Gregory Road
Albany, Indiana 47320

PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH.
THIS REPORT MUST BE POSTMARKED NO LATER THAN THE
28TH OF THE FOLLOWING MONTH.

Mail To: Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

E-mail address: pbowyer@aquabounty.com

I	N	0	0	6	2	6	6	9
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

1	0	1	9
MO.		YR.	

No Discharge ☐

This is a revised submittal ☐

EFFLUENT CHARACTERISTICS		FLOW	pH	DO	TSS	Ammonia (N)	Phosphorous	BOD5	
EFFLUENT PARAMETER NUMBER		Q50050	C00400	C00300	C00530	C00610	C00665	C 80082	
SAMPLE TYPE	Permit Condition	24TOT	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	
	Monitored	24TOT	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	
FREQUENCY	Permit Condition	2x/Month	1x/Month	1x/Month	2x/Month	1x/Month	2x/Month	1x/Month	
	Monitored								
EFFLUENT LIMITATIONS	Permit Minimum	N/A	6.0	6.0	N/A	N/A	N/A	N/A	
	Permit Average	REPORT	N/A	N/A	18	1.7	REPORT	15	
	Permit Maximum	REPORT	9.0	N/A	36	3.8	REPORT	30	
UNITS =		MGD	HI	LOW	MG/L	MG/L	MG/L	MG/L	
	Tue 1	0.825223							
	Wed 2	0.82453							
	Thu 3	0.800887							
	Fri 4	0.832881							
	Sat 5	0.816207							
	Sun 6	0.778729							
	Mon 7	0.802209							
	Tue 8	0.71265							
	Wed 9	0.832291							
	Thu 10	0.863376	7.64	7.64	6.99	3	1.78	0.634	5
	Fri 11	0.859642							
	Sat 12	0.827655							
	Sun 13	0.618961							
	Mon 14	0.815326							
	Tue 15	0.832411							
	Wed 16	0.88217							
	Thu 17	0.823942							
	Fri 18	0.936923							
	Sat 19	0.902431							
	Sun 20	0.881908							
	Mon 21	0.872547							
	Tue 22	0.895378	7.44	7.44		4		0.413	
	Wed 23	0.748571							
	Thu 24	0.727668							
	Fri 25	0.797109							
	Sat 26	0.792072							
	Sun 27	0.856152							
	Mon 28	0.820624							
	Tue 29	0.880511							
	Wed 30	0.862856							
	Thu 31	0.915365							
MONTHLY AVERAGE		0.827071		6.99	3.5	1.78	0.5235	5	
HIGHEST VALUE		0.936923	7.64	6.99	4	1.78	0.634	5	
LOWEST VALUE		0.618961	7.44	6.99	3	1.78	0.413	5	
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0	0	0	1	0	0	
TOTAL FLOW Q82220		25.639205							

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator):		Date (month, day, year)
Larry Reynolds		11/21/2019
Preparer's telephone number	Operator's certification number	
260-497-7645	WW17265	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
Peter Bowyer		11/21/2019



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:

Aquabounty Farms Indiana LLC
11550 East Gregory Road
Albany, Indiana 47320

PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH.
THIS REPORT MUST BE POSTMARKED NO LATER THAN THE
28TH OF THE FOLLOWING MONTH.

Mail To: Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

E-mail address: pbowyer@aquabounty.com

I	N	0	0	6	2	6	6	9
PERMIT NUMBER								

0	0	2	A
OUTFALL NO.			

1	0	1	9
MO.		YR.	

No Discharge ☒

This is a revised submittal ☐

EFFLUENT CHARACTERISTICS		FLOW	pH	DO	TSS	Ammonia (N)	Phosphorous	BOD5	
EFFLUENT PARAMETER NUMBER		Q50050	C00400	C00300	C00530	C00610	C00665	C 80082	
SAMPLE TYPE	Permit Condition	24TOT	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	
	Monitored	24TOT	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	
FREQUENCY	Permit Condition	2x/Month	1x/Month	1x/Month	2x/Month	1x/Month	2x/Month	1x/Month	
	Monitored								
EFFLUENT LIMITATIONS	Permit Minimum	N/A	6.0	6.0	N/A	N/A	N/A	N/A	
	Permit Average	REPORT	N/A	N/A	18	1.7	REPORT	15	
	Permit Maximum	REPORT	9.0	N/A	36	3.8	REPORT	30	
UNITS =		MGD	HI	LOW	MG/L	MG/L	MG/L	MG/L	
	Tue 1								
	Wed 2								
	Thu 3								
	Fri 4								
	Sat 5								
	Sun 6								
	Mon 7								
	Tue 8			No Discharge					
	Wed 9								
	Thu 10								
	Fri 11								
	Sat 12								
	Sun 13								
	Mon 14								
	Tue 15								
	Wed 16								
	Thu 17								
	Fri 18								
	Sat 19								
	Sun 20								
	Mon 21								
	Tue 22								
	Wed 23								
	Thu 24								
	Fri 25								
	Sat 26								
	Sun 27								
	Mon 28								
	Tue 29								
	Wed 30								
	Thu 31								
MONTHLY AVERAGE									
HIGHEST VALUE									
LOWEST VALUE									
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED									
TOTAL FLOW Q82220		0							

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator):		Date (month, day, year)
Larry Reynolds		11/21/2019
Preparer's telephone number	Operator's certification number	
260-497-7645	WW17265	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
Peter Bowyer		11/21/2019



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11550 East Gregory Road
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28TH OF THE FOLLOWING MONTH.

Mail To: Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

E-mail address: pbowyer@aquabounty.com

I	N	0	0	6	2	6	6	9
PERMIT NUMBER								

0	0	3	A
OUTFALL NO.			

1	0	1	9
MO.		YR.	

No Discharge	<input checked="" type="checkbox"/>
This is a revised submittal	<input type="checkbox"/>

EFFLUENT CHARACTERISTICS		FLOW	pH	DO	TSS	Ammonia (N)	Phosphorous	BOD5	
EFFLUENT PARAMETER NUMBER		Q50050	C00400	C00300	C00530	C00610	C00665	C 80082	
SAMPLE TYPE	Permit Condition	24TOT	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	
	Monitored	24TOT	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	
FREQUENCY	Permit Condition	2x/Month	1x/Month	1x/Month	2x/Month	1x/Month	2x/Month	1x/Month	
	Monitored								
EFFLUENT LIMITATIONS	Permit Minimum	N/A	6.0	6.0	N/A	N/A	N/A	N/A	
	Permit Average	REPORT	N/A	N/A	18	1.7	REPORT	15	
	Permit Maximum	REPORT	9.0	N/A	36	3.8	REPORT	30	
UNITS =		MGD	HI	LOW	MG/L	MG/L	MG/L	MG/L	
	Tue 1								
	Wed 2								
	Thu 3								
	Fri 4								
	Sat 5								
	Sun 6								
	Mon 7								
	Tue 8			No Discharge					
	Wed 9								
	Thu 10								
	Fri 11								
	Sat 12								
	Sun 13								
	Mon 14								
	Tue 15								
	Wed 16								
	Thu 17								
	Fri 18								
	Sat 19								
	Sun 20								
	Mon 21								
	Tue 22								
	Wed 23								
	Thu 24								
	Fri 25								
	Sat 26								
	Sun 27								
	Mon 28								
	Tue 29								
	Wed 30								
	Thu 31								
MONTHLY AVERAGE									
HIGHEST VALUE									
LOWEST VALUE									
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED									
TOTAL FLOW Q82220		0							

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator):		Date (month, day, year)
Larry Reynolds		11/21/2019
Preparer's telephone number	Operator's certification number	
260-497-7645	WW17265	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
Peter Bowyer		11/21/2019



NONCOMPLIANCE 24-HOUR NOTIFICATION REPORT

State Form 52415 (R / 10-13)
Indiana Department of Environmental Management
Office of Water Quality

INSTRUCTIONS: Complete all sections of this form and email it to Office of Water Quality, Compliance Data Section at wwreports@idem.IN.gov. Thorough completion of this report will satisfy the Office of Water Quality (OWQ) telephone and 5-day written noncompliance notification reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317) 232-8670.

Additionally, any **noncompliance which may pose a significant danger to human health or the environment (including a fish kill)** must be **immediately reported** to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

FACILITY INFORMATION				
Facility Name		County		NPDES Permit Number
Aqua Bounty Farms		Delaware		IN0062669
Individual Reporting		Telephone Number		Reporting Date (month, day, year)
Peter Bowyer		919-748-9911		11/21/19
Email Address				
pbowyer@aquabounty.com				
NONCOMPLIANCE INFORMATION				
Date (month, day, year)	Outfall	Parameter	Permit Limit (Units/Daily/Weekly/Ave/Max/Min)	Monitored Value
10/10/19	001	Ammonia	1.7 mg/L permit average	1.78 mg/L
Date (month, day, year)	Outfall	Parameter	Permit Limit (Units/Daily/Weekly/Ave/Max/Min)	Monitored Value
Description of the Noncompliance and its Cause: The ammonia concentration was 0.08 mg/L over the 1.7 mg/L permit average.				
Description of the Period of Noncompliance, Including Exact Dates and Time, and if the Noncompliance has not been Corrected, the Anticipated Time it is Expected to Continue: The period of noncompliance is believed to have been caused by temperature changes in the lagoons and inadequate aeration in the lagoons for nitrification to properly occur.				
Steps Taken or Planned to Reduce, Eliminate, and Prevent Reoccurrence of the Noncompliance: Investigate aeration of the lagoons to ensure proper nitrification is occurring.				
CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				
SIGNATURE: Peter Bowyer			DATE (month, day, year):	
11/21/19				